

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N04000001517

1. Entity Name

BENCHMARK CORPORATE PARK PHASE 2 PROPERTY  
OWNERS' ASSOCIATION, INC.



Principal Place of Business

5571 HALIFAX AVENUE  
FORT MYERS, FL 33912

Mailing Address

5571 HALIFAX AVENUE  
FORT MYERS, FL 33912



01102008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0804752

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NOLAND, JOHN A  
1715 MONROE STREET  
FORT MYERS, FL 33901

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HARPER, DANIEL R
STREET ADDRESS	5571 HALIFAX RD
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	MCNEW, QUINTON
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	INGE, RONALD E
STREET ADDRESS	5571 HALIFAX AVE
CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000793281  
01/25/08-80002-020 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

239-454-4999